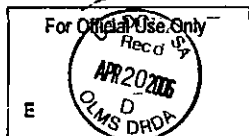


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



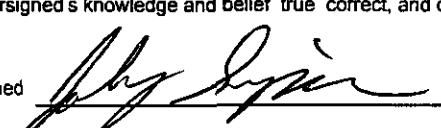
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8937	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Johnny Simpson P O Box Bldg Room No if any Street 4545 Viewridge Ave #100 City San Diego State California ZIP Code + 4 92123 1633	4 Name file number and address of labor organization Name IBEW Local Union 569 Labor Organization File Number 034 254 P O Box Building and Room Number if any Street 4545 Viewridge Avenue #100 City San Diego State California ZIP Code + 4 92123 1633
5 Position in labor organization Assistant Business Manager	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 03/31/2006	858 569 8900
	Date	Telephone Number

Name of Person Filing Johnny Simpson	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name San Diego Electrical Pension Trust Trade Name if any P O Box Bldg Room No if any PO Box 231219 Street City San Diego State California ZIP Code + 4 92194 1219	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Appointed by IBEW Local 569 as a labor Trustee <hr/> 11 b Approximate dollar value of such dealing \$0 12 a Nature of interest held or income received Expenses for required attendance at scheduled Board of Trustees meetings and educational conferences for Trustees sponsored by the International Foundation of Employee Benefit Plans <hr/> 12 b Amount \$2 667

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing Johnny Simpson

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Sierra Investment Partners</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 101 Ygnaccio Valley Road #300</p> <p>City Walnut Creek</p> <p>State California ZIP Code + 4 94596</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name San Diego Electrical Pension Trust</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any PO Box 231219</p> <p>Street</p> <p>City San Diego</p> <p>State California ZIP Code + 4 92194</p>	<p>11 a Nature of such dealing</p> <p>Sierra Investment Partners is an ERISA investment advisor providing 6 sub-advisors managing Plan assets</p>
	<p>11 b Approximate dollar value of such dealing \$839 615</p>
	<p>12 a Nature of interest held or income received</p> <p>One bottle of wine</p> <p>12 b Amount \$45</p>

Name of Person Filing Johnny Simpson

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name San Diego Electrical Training Trust

Trade Name if any

P O Box Bldg Room No if any

Street 4675 Viewridge Ave #D

City San Diego

State California ZIP Code + 4 92123

9 Business deals with

☒ a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Attendance at annual graduation ceremony

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Ticket to annual graduation ceremony

12 b Amount

\$50